

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>12M2/0916</p> <p>FITZPATRICK CELLA HARPER AND SCINTO</p> <p>277 PARK AVENUE</p> <p>NEW YORK NY 10172</p>	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/471,200	06/06/95	060	JORDAN, K	1205 09/16/95
First Named Applicant				
BREIVIK, HARALD				
TITLE OF INVENTION				
FATTY ACID COMPOSITION				

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 1526.100D	514 560.000	E19	UTILITY	NO	\$1250.00	12/16/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
	<p>1 FITZPATRICK,</p> <p>2 CELLA, HARPER</p> <p>3 & SCINTO</p>

DO NOT USE THIS SPACE

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)	
(1) NAME OF ASSIGNEE	<p>6a. The following fees are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____</p> <p>6b. The following fees should be charged to:</p> <p>DEPOSIT ACCOUNT NUMBER 06-1205</p> <p>(ENCLOSE PART C)</p> <p><input type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies Ten (10)</p> <p><input type="checkbox"/> Any Deficiencies in Enclosed Fees</p> <p>The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.</p> <p>(Authorized Signature) <i>Anne M. Maher</i> (Date) 09/23/96</p> <p>Registration No. 78,231</p> <p>NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.</p>
(2) ADDRESS (CITY & STATE OR COUNTRY)	
<p>Norsk Hydro a.s.</p> <p>Oslo, Norway</p>	
<p>A <input type="checkbox"/> This application is NOT assigned.</p> <p><input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.</p> <p><input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.</p> <p>PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.</p>	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

1. CORRESPONDENCE ADDRESS

12M2/0916
 FITZPATRICK CELLA HARPER AND SCINTO
 277 PARK AVENUE
 NEW YORK NY 10172

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
1526.100B	06/06/95	063	JORDAN, R	1205 09/16/96

First Named
 Applicant

BREIVIK,

HARALD

FATTY ACID COMPOSITION

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1526.100B	514-566.000	063	UTILITY	NO	\$1250.00	12/16/96

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2a. The following fees are enclosed:

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The COMMISSIONER OF PATENTS AND TRADEMARKS is
 requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Anne M. Maher

09/23/96

NOTE: The Issue Fee will not be accepted from anyone other than the
 applicant; a registered attorney or agent; or the assignee or other party
 in interest as shown by the records of the Patent and Trademark Office.

TRANSFER THIS FORM WITH PART B WHEN AUTHORIZING USE OF A DEPOSIT ACCOUNT

Assistant Commissioner for Patents
Washington, D.C. 20231

Date 09, 23, 96
Mo. Day Yr.
Atty. Docket 126.100B
Application No. 08 471,200

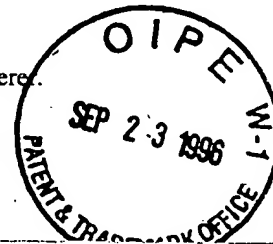
Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☒ Issue fee transmittal and Check for \$ 1250.00
- ☐ Other (specify) _____

by placing your receiving date stamp hereon and returning to deliver.

Atty. JWBIAMMI Due Date 12, 16, 96
Mo. Day Yr.



FOHS-D-95

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Assistant Commissioner for Patents
Washington, D.C. 20231

Date 02/28/97
Mo. Day Yr.

Atty. Docket

1526-100B

Application No.

08/47/200

Sir:

Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☐ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____

☒ Other (specify) Status Inquiry and copies of Sept. 23, 1996
by placing your receiving date stamp hereon and returning to deliverer. Filing

Atty. JWB/AMM/gmc

Due Date

2/28/97
Mo. Day Yr.

